

OPS Tidbits is a monthly publication of the Arizona Department of Health Services, Office of Program Support  
150 North 18th Avenue, Suite 280, Phoenix, Arizona 85007  
<http://www.azdhs.gov/bhs/tidbits>

## **OPS Mailbox**

Contractors must send in all inquiries to OPS' email box at [ops@azdhs.gov](mailto:ops@azdhs.gov). However, it is not necessary to **copy** others when submitting questions to this mailbox. The OPS mailbox will forward the email to the appropriate OPS Representative(s).

Please make a note that Contractors should not contact the OPS Representatives directly, any and all requests should be sent to [ops@azdhs.gov](mailto:ops@azdhs.gov) and **copy** only your internal staff. In turn, the request/email will be forwarded on to the appropriate individual(s).

## **AHCCCS Behavioral Health Eligibility**

When an 834 intake transaction is submitted and accepted by ADHS/CIS, ADHS automatically forwards it to AHCCCS to check for AHCCCS behavioral health eligibility on the client. If AHCCCS finds the client in their system (PMMIS) and the client is eligible for behavioral health, AHCCCS issues a behavioral health eligibility segment. This segment appears in PMMIS on the RP216 screen and it can be seen on the AHCCCS Online screen when the client's data is viewed. AHCCCS also sends this segment to ADHS on the u640rsp.file where it is posted in CIS, and ADHS forwards the file to the T/RBHAs.

If AHCCCS can not find the client in PMMIS, they return the record on the u640rsp.file with an "N" (Not Matched) or "P" (Partial Matched) in the Match Indicator field. Encounters for RBHA clients who do not receive an AHCCCS behavioral health eligibility segment are not sent to AHCCCS. Claims for TRBHA tribal clients who do not receive an AHCCCS behavioral health eligibility segment will be rejected.

The T/RBHA must review clients returned from AHCCCS with "N" or "P" match indicators to ensure the client name, date of birth, gender, AHCCCS ID and SSN information in CIS matches AHCCCS data. Submission of an 834 change transaction to correct CIS data to match AHCCCS will allow an AHCCCS behavioral health eligibility segment to be issued on eligible clients if done in a timely manner. AHCCCS will only issue eligibility segments going back six

months so corrections not made within that time will result in no eligibility segment being issued even if the client was AHCCCS behavioral health eligible for the dates of service.

## **Coordination of Benefits Requirements**

The OPS office has recently received questions regarding the requirement of providers to bill Medicare and Third Party Liability providers. The following is a clarification of this requirement as stated in the Coordination of Benefits section of the ADHS/DBHS Office of Program Support Operations and Procedures Manual. Contractors are required to take reasonable measures to determine the legal liability of third parties who are liable to pay for covered services. The policy regarding coordination of benefits states, "Contractors shall cost-avoid a claim if it establishes the probable existence of a third party or has information that establishes that third party liability exists. However, if the probable existence of third party liability cannot be established or third party liability benefits are not available to pay the claim at the time the claim is filed, the Contractor must process the claim. If a Contractor knows that the third party insurer will not pay the claim for a covered services due to untimely claim filing or as the result of the underlying insurance coverage (e.g., the service is not a covered benefit), the Contractor shall not deny the service, deny payment of the claim based on third party liability, or require a written denial letter if the service is medically necessary. The Contractor is required to reimburse providers for previously recouped monies if the provider was subsequently denied payment by the primary insurer based on untimely filing limits or lack of prior authorization and the member failed to disclose additional insurance coverage other than AHCCCS."

Please feel free to forward any additional questions regarding coordination of benefits to the Office of Program Support at [OPS@azdhs.gov](mailto:OPS@azdhs.gov).

## **Coding Q & A**



Can H0046 SE be used to bill a bed hold?



Yes. For example, if a client is in a treatment facility and leaves on a weekend pass to visit family, a facility should not bill the treatment codes, but rather H0046 SE for the bed hold.



If more than one case management service is performed in the same 15 minute period of time, should only one unit of case management be encountered?



Yes. For example, a four minute phone conversation between a case manager and the client takes place at 2:00pm. Subsequently, a six minute phone call is made by the same case manager to an outside agency on the client's behalf at 2:05pm. Although there were two separate phone calls made, this service would only constitute one unit of case management.



Where in the Covered Services Guide does it state that the odometer start and end times are required in the documentation of the progress note?



Although it is not currently stated in the most recent Covered Services Guide, recording your odometer starting and ending mileage on your progress notes will be a requirement in the next Covered Services Guide update. This odometer requirement on progress notes will be in addition to the recording of your start and end times of meetings. Therefore, as a good documenting practice, it would be beneficial to providers to start documenting these two separate requirements as soon as possible.



Is there a code that may be encountered for doctor to doctor phone calls?



No. Since the termination of the old telephone codes (99371, 99372, 99373), there is no code that can be encountered for this service.

## !! Edit Alerts !!



An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit Alerts are communicated to all program participants in

an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again in the following monthly publication of Tidbits.

## Implemented:

New/Changed Edit Alert	
Tracking Number: 132	Implemented: <input checked="" type="checkbox"/>
Reference Title "F" and "H" Encounter Override Update - IMPLEMENTED	
Notification Date: November 13, 2008	
Expected Implementation Date: November 13, 2008 ADHS will provide 90 days notice when possible	
<b>Change Description:</b> (SSR 1454) To meet AHCCCS requirements and requirements outlined in the ADHS Covered Behavioral Health Services Guide, ADHS plans to make the following changes to the encounter "F" override indicator: - Eliminate accommodation scenario codes and H0018 and H0019 from the "F" override of the E3 billing limitations. - The "F" override will bypass the E3 billing limitations for: T1019 H2014 H2014BQ S1110 H0038 H2017 when billed in conjunction with: S1109 EA, S1109 EB, S1109 EC - Add answer override indicator of "H". This override indicator will bypass the E3 billing limitations for: H0038 S1110 when billed in conjunction with Level I accommodation scenario codes. - Level II and Level III (H0018 and H0019) encounters will be required to comply with all E3 billing limitations. The use of the override process is to allow these opportunities to be billed on the same day as other care and Level I services as indicated above is not intended to be used as a default. The clinical rationale for providing these additional services must be specifically documented in the Service Plan and Progress Note. Please address any questions regarding these changes to the ADHS Policy Office.	
This change will enable ADHS/DBHS to be more in sync with AHCCCS system and will decrease the number of encounters pending at AHCCCS. Monday, November 17, 2008	

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## Not Implemented:

New/Changed Edit Alert	
Tracking Number: 141	Implemented: <input type="checkbox"/>
Reference Title HI and HIF fund groups	
Notification Date: November 4, 2008	
Expected Implementation Date: December 15, 2008 ADHS will provide 90 days notice when possible	
<b>Change Description:</b> Currently on the daily behavioral health eligibility response file received from AHCCCS, clients designated with a "Title 21 HIPA parent" fund group are sent with a FUND-GRP indicator of "HI." On the AHCCCS EOM file clients in the same group are being sent with a FUND-GRP indicator of "HIF." Both of these files are used to post the fund group on the AHCCCS eligibility table in CIS. ADHS has requested that AHCCCS change the EOM file to a FUND-GRP indicator of "HI" for these clients so that it is consistent with the indicator on the daily file.	
Scenarios (if Applicable):	Edit Function:

This change will enable ADHS/DBHS to be more in sync with AHCCCS' system and will decrease the number of encounters pending at AHCCCS.

**Modifier(s) Updated in PMMIS**

Effective for dates of service on or after January, 2007  
FB (item provided without cost to provider)

Effective for dates of service on or after January 1, 2008

FC (partial credit, replaced device)

Are valid for the following procedure codes:

Code	Description		
G0297	Insertion of single chamber pacing cardioverter defibrillator pulse generator	33217	Insertion of a transvenous electrode; dual chamber (two electrodes) permanent pacemaker or dual chamber pacing cardioverter-defibrillator
G0298	Insertion of dual chamber pacing cardioverter defibrillator pulse generator	33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of generator)
G0299	Insertion or repositioning of electrode lead for single chamber pacing cardioverter defibrillator and insertion of pulse generator	33225	Decortication, pulmonary (separate procedure); partial
G0300	Insertion or repositioning of electrode lead(s) for dual chamber pacing cardioverter defibrillator and insertion of pulse generator	33240	Insertion of single or dual chamber pacing cardioverter-defibrillator pulse generator
33206	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial	33249	Insertion or repositioning of electrode lead(s) for single or dual chamber pacing cardioverter-defibrillator and insertion of pulse generator
33207	Insertion or replacement of permanent pacemaker with transvenous electrode(s); ventricular	33282	Implantation of patient-activated cardiac event recorder
33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	36566	Insertion of tunneled centrally inserted central venous access device, requiring two catheters via two separate venous access sites; with subcutaneous port(s)
33210	Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure)	53440	Sling operation for correction of male urinary incontinence (e.g. fascia or synthetic)
33211	Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure)	53444	Insertion of tandem cuff (dual cuff)
33212	Insertion or replacement of pacemaker pulse generator only; single chamber, atrial or ventricular	53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
33213	Insertion or replacement of pacemaker pulse generator only; dual chamber	53447	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
33214	Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator)	61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling, with connection to a single electrode array
33216	Insertion of a transvenous electrode; single chamber (one electrode) permanent pacemaker or single chamber	61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver direct or inductive coupling, with connection to two or more electrode arrays
		62361	Implantation or replacement of device for Intrathecal or epidural drug infusion; nonprogrammable pump
		62362	Implantation or replacement of device for Intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming

- 63650 Percutaneous implantation of neurostimulator electrode array, epidural
- 63655 Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
- 63685 Insertion or replacement of spinal neurostimulator pulse generator or receiver direct or inductive coupling
- 64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve
- 64555 Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
- 64560 Percutaneous implantation of neurostimulator electrodes; autonomic nerve
- 64561 Percutaneous implantation of neurostimulator electrodes; sacral nerve (Transforaminal placement)
- 64565 Percutaneous implantation of neurostimulator electrodes; neuromuscular
- 64573 Incision for implantation of neurostimulator electrodes; cranial nerve
- 64575 Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
- 64577 Incision for implantation of neurostimulator electrodes; autonomic nerve
- 64580 Incision for implantation of neurostimulator electrodes; neuromuscular
- 64581 Incision for implantation of neurostimulator electrodes; sacral nerve (transforaminal placement)
- 64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
- 69930 Cochlear device implantation, with or without Mastoidectomy

## **PMMIS Updates**

### **Age Limit Change(s):**

- Procedure Code 90658 (Influenza Virus Vaccine, Split Virus, When Administered To Individuals 3 Years Of Age And Older, For Intramuscular Use).  
Minimum age has changed from 3 years of age and older to 3 years effective for dates of service on or after October 28, 2008.

## **Outpatient Billing Clarification**

For Outpatient claims valued under the AHCCCS Outpatient Fee Schedule (OPFS) which span multiple dates of service - *Bundle only those applicable services on the same date of service as each bundling trigger.*

For example:

### **1. Claim Dates of Service 10/1 – 10/2**

Bundling trigger procedure (as defined on RF797) occurs on 1/1 and there is no bundling trigger procedure on 1/2. Only those applicable services (as defined on RF796) which occur on 1/1 should be subject to bundling.

### **2. Claim Dates of Service 10/1 – 10/2**

Bundling trigger procedure (as defined on RF797) occurs on 1/1 and there is also an additional bundling trigger procedure that occurs on 1/2. Those applicable services (as defined on

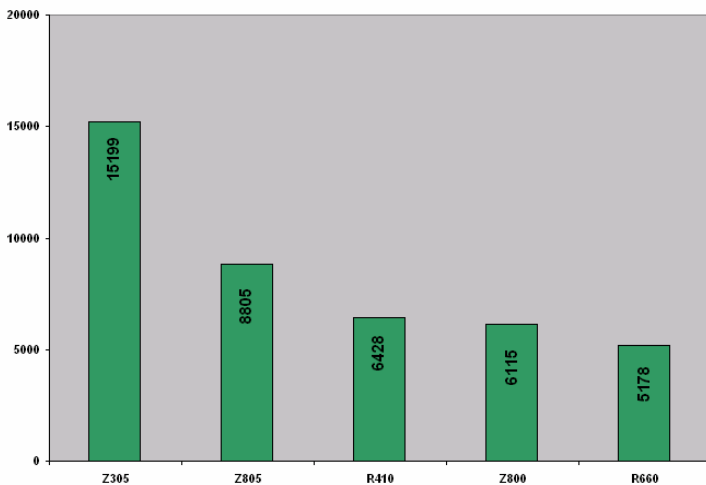
RF796) which occur on 1/1 and 1/2 should be subject to bundling.

## **OPS Pend Corner**

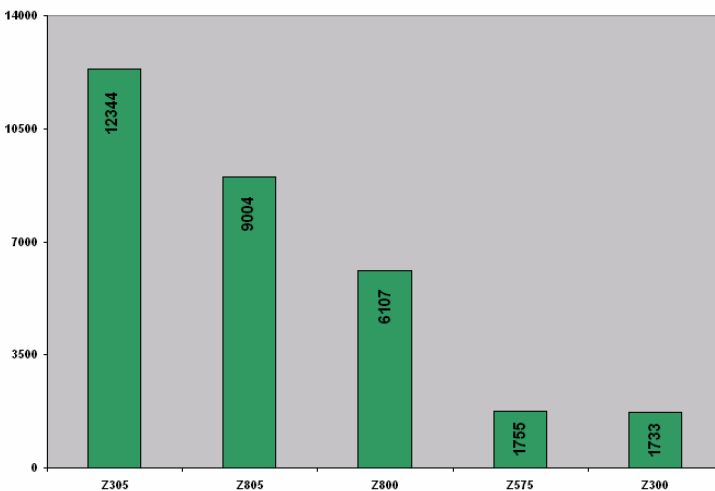
### **Z575 Pends:**

OPS has received notification from AHCCCS that, beginning with the December Encounter Cycle, Z575 pends can be submitted for override via "Batch Mode" (DELDUP file) with the A001 override indicator. An accompanying spreadsheet will still be required for the encounters to be considered for override.

Top 5 AHCCCS Pends October 2008 (Statewide)



Top 5 AHCCCS Pends November 2008 (Statewide)



1. Z305 (DOS Overlap) – OPS has instructed all RBHAs to submit these errors on the monthly DELDUP file with the A001 override flag.
2. Z805 (Exact Dup from Diff HPs: NCPDP) – OPS is advising the RBHAs to contact the other Health Plans that their encounter is pending against; to work out these pend errors.
3. Z800 (Exact Dup Found: NCPDP) – The RBHAs should verify the dispense date, NDC, recipient, and Provider ID of both the

pending and duplicate encounters. If the pending encounter is a duplicate of the previously paid encounter, then void the encounter.

4. Z575 (DOS Already Billed on OP from Diff HP) – As identified above; AHCCCS is now allowing these pends to be overridden in batch mode, via the monthly DELDUP file, beginning with the December Encounter Cycle.
5. Z300 (Exact Duplicate: CMS) – Access PMMIS screen EC270C to identify the encounter that the pending encounter is duping against. Verify that the Provider, member ID, DOS, Procedure Code and Modifier are an exact duplicate to the CRN found in PMMIS. If the encounter has been submitted twice; void the pending encounter.

OPS hopes this information can be used in the ongoing effort to correct AHCCCS pends. Please contact the Office of Program Support at [OPS@azdhs.gov](mailto:OPS@azdhs.gov) if further clarification is necessary.

## **State Roster**

The ADHS Administrative Counsel's Office determined that HIPAA does not authorize disclosure of the State Roster to providers. While a provider could argue that access is related to treatment/payment for a specific member, the vast majority of Protected Health Information (PHI) that is being disclosed belongs to clients who will never see the provider accessing the State Roster information. Because access allows disclosure of the PHI of the other eligible members, the provider would have to obtain authorization from all of the eligible members before the information can be disclosed. For these reasons, the disclosure of the State Roster information to RBHA providers is a HIPAA violation. It is ADHS/DBHS's position that the RBHAs cannot provide the State Roster to their providers.



## **ADHS Encourages Electronic Claims**

ADHS requests all ADHS contractors to encourage their providers to submit HIPAA-compliant 837 electronic claims. The benefits of electronic claim submissions include faster claims processing, and more cost efficiency than manual data entry.



## **Security IDs for All DBHS Secure Systems**

Any person needing access to the PMMIS system must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any "sharing" of user names and/or passwords. Currently, there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Compliance Division, Contracts Development Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4762.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4670 or by e-mail at [Stacy.Mobbs@azdhs.gov](mailto:Stacy.Mobbs@azdhs.gov).



### **Office of Program Integrity**

If you need assistance or to report an incident of suspected fraud, waste and/or abuse, please contact us at:

Tim Stanley	Chief	(602) 364-4781 <a href="mailto:stanleti@azdhs.gov">stanleti@azdhs.gov</a>
Bobby Rivera	Manager	(602) 364-4702 <a href="mailto:riveraro@azdhs.gov">riveraro@azdhs.gov</a>
Sandra Reyes	Investigative Analyst	(602) 364-4426 <a href="mailto:reyess@azdhs.gov">reyess@azdhs.gov</a>
Stephanie Ortiz	Admin	(602) 364-4437 <a href="mailto:ortizs@azdhs.gov">ortizs@azdhs.gov</a>

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at (602) 364-3758 (locally) or 1-866-569-4927 (toll free).

If you prefer, you may write to:

Mr. Tim Stanley  
Chief, Bureau of Audit Standards  
Arizona Department of Health Services  
Office of the Deputy Director  
150 N. 18th Avenue, Suite 280  
Phoenix, Arizona 85007

Or email us at:

[ReportFraud@azdhs.gov](mailto:ReportFraud@azdhs.gov)

***All reports are kept confidential and may be reported to other agencies.***



### **DES Contact Number**

For any changes in member enrollment (i.e., name changes, demographic changes) contact:

#### **DES Communications Center**

Maricopa County: (602) 542-9935  
Statewide: (800) 352-8401

### **2009 ADHS/DBHS Holiday Schedule**

The ADHS/DBHS office will be closed on the following days in 2009.

- ★ Thursday, January 1
- ★ Monday, January 19
- ★ Monday, February 16
- ★ Monday, May 25
- ★ Friday, July 3
- ★ Monday, September 7
- ★ Monday, October 12
- ★ Wednesday, November 11
- ★ Thursday, November 26
- ★ Friday, December 25

**The ADHS/DBHS office will be closed Thursday, December 25.**



**Happy Holidays**